

**Deputy Council Chief of Staff
Work History Form
2014**

Announcement # 8972

Class Code: C0267

Completion of this *Special Work History Form* is part of the selection process for the Deputy Council Chief of Staff position. This form must be completed and submitted ***in a timely manner*** for your name to be added to the register for this classification.

This form is divided into two sections. They are:

- I. Work experience, and
- II. Post-Secondary Training.

Specific instructions for these sections are stated at the beginning of the actual sections. You are responsible for carefully following all instructions. Civil Service must be able to use the information you supply on this Work History Form to determine if you meet the minimum qualifications as listed in the announcement for this position. In filling out this Work History Form, ***please use the announcement as a reference.***

Return your completed and signed *Work History Form* to Suite 900, 1340 Poydras St., **within two weeks of application.** All documentation must be **RECEIVED** by the applicable due date (we cannot be held responsible for the mail).

I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list, and I may be disqualified from applying in the future for positions in the Civil Service of the City of New Orleans.

Signature _____

Date: _____

Name (please print): _____

Social Security #: _____

IMPORTANT: Check to make certain that you have completed each item fully and accurately.
Your examination grade will depend upon the information you have provided.

INSTRUCTIONS:

SECTION I. WORK EXPERIENCE

In this section you are asked to describe your work experience. It will be to your advantage to be as thorough as possible in your description.

NOTES:

1. If in reviewing your form it is found to be incomplete, it may be rejected or returned to you for more information.
2. In describing your experience, please list your most recent experience first. Describe the type of duties performed and approximate the percentage of time doing them.
3. Professional experience is experience obtained after receipt of a Bachelor's Degree.
4. An exempt position is salaried.
5. To be considered an employee's supervisor, you must have done all of these:
 - a. assigned and reviewed the employee's work.
 - b. signed payroll time cards/ time sheets or approved requests for time off.
 - c. completed performance appraisal / service rating forms on the employee.
6. Forms are provided to describe three positions on the following pages. The first two are labeled "POSITION #1" and "POSITION #2." The final form is labeled "POSITION # ____". If you need to describe more than three positions, copy this final form (pages 7 & 8) and complete these.

Number the position described in the blank provided (when describing positions 3 or greater).

7. This position requires that you have "related experience." Related experience is experience related to the "Kind of Work" for this classification as described on the official announcement and re-printed here:

Kind of Work:

Professional, supervisory and administrative work in coordinating the program, planning and administrative service functions between all Council Bureaus and offices. Employees in this classification perform administrative work in carrying out the direction of the Council Chief of Staff on a wide range of municipal administrative programs and projects. Duties include assisting the Council Chief of Staff with day-to-day Council operations and assuming such responsibilities in his/her absence. Employee consults on problems encountered by departmental administrators and advises on the interpretation and application of appropriate regulations, standards or agreements. Employee is expected to recommend positions and strategies for City Council members. Interaction with department officials, City Council members and other officials is significant to the work and related work as required.

PROFESSIONAL EXPERIENCE - POSITION #1:

Describe for us your related professional experience. Related experience is experience related to the "Kind of Work" as described on the official announcement and re-printed on page 2 of this form. First, briefly list the area in which you worked. Then, answer all of the related questions (a - g) for each position held.

- a. Describe briefly the area of work.

Job Title: _____

Organization/Department/Unit: _____

Address: _____

- b. Dates: _____ to _____
month/year month/year

- c. Name of Supervisor: _____ Phone number: _____
(May we contact this person ____ yes ____ no)

- d. Duties (provide an approximate percentage of time spent doing the duties listed):
% of time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROFESSIONAL EXPERIENCE - POSITION #1 (Continued):

- d. Duties (continued) (*provide an approximate percentage of time spent doing the duties listed*):

	<u>% of time</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- e. Did this position require you to supervise employees? ☐ **YES** ☐ **NO**
If YES, list the name and title of these employees:

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- f. Was this position Full-time or Part-time? ☐ **Full-time** ☐ **Part-time**
If part-time, please provide the approximate number of hours per week worked:

- g. Was this position salaried or hourly? ☐ **Salaried** ☐ **Hourly**

PROFESSIONAL EXPERIENCE - POSITION #2:

Describe for us your related professional experience. Related experience is experience related to the "Kind of Work" as described on the official announcement and re-printed on page 2 of this form. First, briefly list the area in which you worked. Then, answer all of the related questions (a - g) for each position held.

- a. Describe briefly the area of work.

Job Title: _____

Organization/Department/Unit: _____

Address: _____

- b. Dates: _____ to _____
month/year month/year

- c. Name of Supervisor: _____ Phone number: _____
(May we contact this person ____ yes ____ no)

- d. Duties (provide an approximate percentage of time spent doing the duties listed):
% of time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROFESSIONAL EXPERIENCE - POSITION #2 (Continued):

- d. Duties (continued) (*provide an approximate percentage of time spent doing the duties listed*):

	<u>% of time</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- e. Did this position require you to supervise employees? ☐ **YES** ☐ **NO**
If YES, list the name and title of these employees:

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- f. Was this position Full-time or Part-time? ☐ **Full-time** ☐ **Part-time**
If part-time, please provide the approximate number of hours per week worked:

- g. Was this position salaried or hourly? ☐ **Salaried** ☐ **Hourly**

PROFESSIONAL EXPERIENCE - POSITION #_____:

Describe for us your related professional experience. Related experience is experience related to the “Kind of Work” as described on the official announcement and re-printed on page 2 of this form. First, briefly list the area in which you worked. Then, answer all of the related questions (a - g) for each position held.

- a. Describe briefly the area of work.

Job Title: _____

Organization/Department/Unit: _____

Address: _____

- b. Dates: _____ to _____
month/year month/year

- c. Name of Supervisor: _____ Phone number: _____
(May we contact this person ☐ yes ☐ no)

- [illegible]

[illegible]

PROFESSIONAL EXPERIENCE - POSITION # _____ (Continued):

- d. Duties (continued) *(provide an approximate percentage of time spent doing the duties listed):*

	<u>% of time</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- e. Did this position require you to supervise employees? ☐ **YES** ☐ **NO**
If YES, list the name and title of these employees:

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- f. Was this position Full-time or Part-time? ☐ **Full-time** ☐ **Part-time**
If part-time, please provide the approximate number of hours per week worked:

- g. Was this position salaried or hourly? ☐ **Salaried** ☐ **Hourly**

**** If you need to describe more than three positions, copy this final form (pages 7 & 8) and complete these. Number the position described in the blank provided.**

SECTION II. POST-SECONDARY EDUCATION

Describe your post-secondary (college) education. In your description, list only education received from an accredited college or university (see note below). * Original college diplomas indicating major and / or official college transcripts must be presented ***within two (2) weeks*** of application. The information you provide in this section will assist us in scoring this section of the *Work History Form* and in verifying that appropriate documentation has been submitted.

1. a) Name of the institution _____
 b) Type of degree (BA, BS, MS, MBA, JD, etc.) _____
 c) Year graduated _____
 d) Major _____
-

2. a) Name of the institution _____
 b) Type of degree (BA, BS, MS, MBA, JD, etc.) _____
 c) Year graduated _____
 d) Major _____
-

3. a) Name of the institution _____
 b) Type of degree (BA, BS, MS, MBA, JD, etc.) _____
 c) Year graduated _____
 d) Major _____
-

**** NOTE: An accredited college or university is an institution that is accredited as a college or university by an organization that is recognized by the USDE (United States Department of Education). Also, a transcript may also be requested.***